BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

ATTORNEY DOCKET NO. 1928-0150 PUS2

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	Wiper Mechanism				
	the specification of which is attached hereto.	If not attached hereto,	-		
Fill in Appropriate Information -	the specification was filed on			as	
For Use United States Application Number					
Without	and amended on	·	(if app	licable); and/or	
Specification Attached:	the specification was filed on				
	International Application Number			; and was	
	amended on			· · · · · · · · · · · · · · · · · · ·	
	I hereby state that I have reviewed and a by any amendment referred to above. I acknowledge the duty to disclose information of the state of the st	rmation which is material to possume was ever known or used inted publication in any count not in public use or on sale in a patented or made the subjected States of America on an esigns) prior to this application try foreign to the United States s.	atentability as defined in Title 37, Coll in the United States of America by before my or our invention there the United States of America more ext of an inventor's certificate issuapplication filed by me or my legal on, and that no application for pate ates of America prior to this application of the pate of America prior to this application.	efore my or our invention eof or more than one year than one year prior to this ed before the date of this representatives or assigns nt or inventor's certificate cation by me or my legal	
	I hereby claim foreign priority benefit or inventor's certificate listed below and ha a filing date before that of the application of	ve also identified below any i	es Code, §119 (a)-(d) of any foreign foreign application for patent or in	n application(s) for patent ventor's certificate having	
Insert Priority Information: (if appropriate)	Prior Foreign Application(s)			Priority Claimed	
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No	
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No	
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No	
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No	
Insert Provisional	I hereby claim the benefit under Title 35, Uni	ted States Code, §119(e) of an	y United States provisional applicati	on(s) listed below.	
Application(s):			April	18, 2003	
(if any)	(Application Number)	×		(Filing Date)	
	(Application Number)			(Filing Date)	
•	All Foreign Applications if any Same P				
	All Foreign Applications, if any, for any Pa the Filing Date of this Application:	tent or Inventor's Certificate	Filed more than 12 months (6 mon	nths for designs) Prior to	
Insert Requested Information: (if appropriate)	Country	Applicat	Application Number Date of Filing (M		
Insert Prior U.S. Application(s):	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:				
(if any)	(Application Number)	(Filing Date)	(Status - patented, p	ending, abandoned)	
Page 1 of 2	(Application Number)	(Filing Date)	(Status - patented, patent	ending, abandoned)	

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE: YOU MUST BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292 P.O. Box 747 • Falls Church, Virginia 22040-0747

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FOLLOWING:				·		
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed	Kevin Erik HULTQUIST	INVENTOR'S SIGNATURE		3/28/03		
Insert Residence Insert Citizenship	Dat ded co, serended, obis	*	CITIZENSHIP USA	,		
Insert Mailing Address	MAILING ADDRESS (Complete Street Address including City, State & Country) Johnson Electric Automotive, 517 Hawthorne Ave., Bartlett, IL 60103					
Full Name of Second Inventor, if any:	GIVEN NAME FAMILY NAME Michael W. PARMELEE	INVENTOR'S SIGNATURE	lee	DATE: 3/28/03		
see above	Residence (City, State & Country)		CITIZENSHIP	, ,		
	Naperville, Illinois, USA		USA			
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
	Johnson Electric Automotive, 415 Verbena Ct., Naperville, IL 60565					
Full Name of Third Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country)	6	CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
Full Name of Fourth Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	Ŧ	DATE*		
see above	Residence (City, State & Country)	, , , , , , , , , , , , , , , , , , ,	CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address inclu	uding City, State & Country)		ŧ		
Full Name of Fifth Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country)		CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address inclu	iding City, State & Country)		 		
Fage 2 of 2 (Revised 01/02)	* DATE OF SIGNATURE					
	STATE OF GIGHATURE					